

13281 U.S. PTO
120203

Atty. Dkt. No. 036762-0103

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kathleen K. Martin
Title: PROPHYLACTIC DEVICE
Appl. No.: Unknown
Filing Date: 12/02/2003
Examiner: Unknown
Art Unit: Unknown

16235 U.S. PTO
10/724864
120203

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Kathleen K. Martin
1850 North Road
Laytonville, CA 95454

☐ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (19 pages).
- ☒ Informal drawings (7 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10).
- ☒ Declaration and Power of Attorney (3 pages).
- ☐ Assignment of the invention.

- ☐ Assignment Recordation Cover Sheet.
- ☐ Small Entity statement.
- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☐ Information Disclosure Statement.
- ☐ Form PTO/SB/08 with copies of ___ listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).
- ☐ Claim for Convention Priority.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total	72	- 20	= 52	x \$18.00 =	\$936.00
Claims:					
Independents	6	- 3	= 3	x \$86.00 =	\$258.00
:					
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
Surcharge under 37 CFR 1.16(e) for late payment of filing fee			+	\$130.00 =	\$130.00
				SUBTOTAL: =	\$2094.00
<input type="checkbox"/>				Small Entity Fees Apply (subtract ½ of above): =	\$0.00
				TOTAL FILING FEE: =	\$2094.00

- ☐ A check in the amount of \$0.00 to cover the filing fee is enclosed.
- ☒ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☐ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be

enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date December 2, 2003

By Mary Michelle Kile

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Mary Michelle Kile

Attorney for Applicant

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